

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 61

1. PLACE OF DEATH:

County Caroline
City or town Greensboro
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 35 Yrs.
Hospital, institution, or street address where death occurred:
How long in hospital or institution? X

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Caroline
City or town Greensboro
(If outside city or town limits, write RURAL and give nearest town)
Street No. _____
(If rural, give LOCATION)
2.(a) If veteran, name war. X

3. (a) FULL NAME

Della Mae Arnold

3. (b) Social Security Number

X

4. Sex

F

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Single

6. (b) Name of husband or wife

X

7. Birth date of deceased (mo., day, yr.)

January 4th. 1890

8. AGE:

Years

Months

Days

If less than one day

58

1

10

hrs.

min.

9. Birthplace

Camden

Delaware

(Town, county, and state)

10. Usual occupation

Housework

11. Industry or business

X

FATHER

12. Name

Henry Arnold

13. Birthplace

Penna.

MOTHER

14. Maiden name

Mary E. Hurd

15. Birthplace

Delaware

16. Informant

Mrs. David Hopkins

Address

Norfolk, Virginia.

17.

Burial

Date thereof

2/17/48

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory

Greensboro.

Location

Greensboro, Maryland.

18. Funeral director

Raymond B. Rawlings

Address

Greensboro, Maryland.

19.

Feb. 17 1948
(Date rec'd by registrar)

L. M. Pippin
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 14 19 48 at 220 A

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan. 15 19 48 to Feb. 14 19 48
and that I last saw him alive on Feb. 13 19 48

Immediate cause of death

Chronic Myocarditis
Coronary Sclerotic C.V.
Disease

DURATION

Due to

Due to

Other condition

Chronic Corbute

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

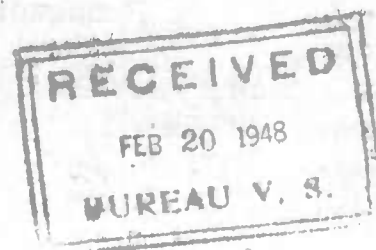
23. SIGNATURE

Charles X. Hines
Address Greensboro Md Date signed 2-16-48

MARGIN RESERVED FOR BINDING

VS A15 9.45.15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



Evidence for change
of age shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

01485

468

600

CERTIFICATE OF DEATH

Reg. Dist. No.

FILM No. G 114 MAR 10 1948

1. PLACE OF DEATH:

County..... Caroline

City or town..... Goldsboro Rural
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?..... 4 Months

Hospital, institution, or street address where death occurred:

How long in hospital or institution?..... X

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland County..... Caroline

City or town..... Goldsboro, Rural, Md.
(If outside city or town limits, write RURAL and give nearest town)

Street No.....
(If rural, give LOCATION)

2.(a) If veteran, name war..... X

3. (a) FULL NAME

Joseph Kelly Berry

3. (b) Social Security Number

217-07-5299

4. Sex..... 5. Color or race..... 6. (a) Single, married, widowed, or divorced

Male Col. Separated

6. (b) Name of husband or wife..... Ida Nickerson Berry

6. (c) If alive, give age..... 50 years

7. Birth date of deceased (mo., day, yr.)..... December 22 1890

8. AGE: Years..... Months..... Days..... If less than one day
57 50 1 15 hrs. min.

9. Birthplace..... Greensboro, Caroline, Md.
(Town, county, and state)

10. Usual occupation..... Laborer

11. Industry or business..... X

12. Name..... James W. Berry

13. Birthplace..... Maryland

14. Maiden name..... Eliza Jane Hokster

15. Birthplace..... Maryland

16. Informant..... Elsie B. Mathews

Address..... Goldsboro, Maryland.

17. Burial Date thereof..... 2/ 12/ 48
(Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory..... Union

Location..... Near Greensboro, Md.

18. Funeral director..... Raymond B. Rawlings

Address..... Greensboro, Maryland.

19. 2/12 19 48 ac Smith
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH..... Feb. 6th. 19 48 at 830 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
Nov. 22 19 47 to Feb. 6 19 48
and that I last saw him alive on Feb. 5 19 48

Immediate cause of death..... Carcinoma of Stomach

DURATION

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

..... Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury..... Injured at work?

23. SIGNATURE..... M. D. or other

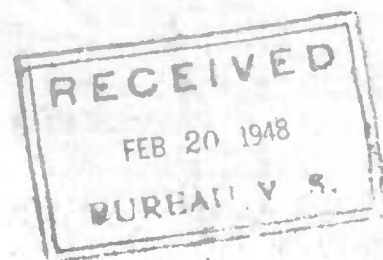
Address..... Greensboro, Md. Date signed..... 2-10-48.

MARGIN RESERVED FOR BINDING

VS A15

9-45-15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Do not correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No. 63

1. PLACE OF DEATH:

County Caroline
 City or town Preston, Md. R. 2-
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 4 yrs
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution? ✓

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Caroline
 City or town Preston -
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 71 West of Harmony -
 (If rural, give LOCATION)
 2. (a) If veteran, name war ✓

3. (a) FULL NAME

Lucinda K. Dearth

3. (b) Social Security Number

✓

4. Sex F 5. Color or race White 6. (a) Single, married, widowed, or divorced
Widowed
 6. (b) Name of husband Noah Dearth -

7. Birth date of deceased (mo., day, yr.) Feb-19-1864 6. (c) If alive, give age ✓ years

8. AGE: Years 83 Months 11 Days 14 (14) hrs min

9. Birthplace Gallia, Ohio
 (State, county, and state)

10. Usual occupation Retired housewife

11. Industry or business Austin's Station

12. Name Margaret Bridgman

13. Birthplace Ohio

14. Maiden name Mrs. W. Schip

15. Birthplace Preston Md R2

16. Informant Burial Date thereof Feb 8-1948
 (Burial, cremation or removal) (month) (day) (year)

Cemetery or crematory Walley Cemetery
 Location Burrsville, Delaware

18. Funeral director Mrs. K. H. Boyer
 Address Harrington, Delaware

19. 2/5/48 19. Cornelia Plummer
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 4 1948, at 9 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 15 1943, to February 4 1948
 and that I last saw her alive on February 4 1948

Immediate cause of death Myocardial Failure DURATION 2 mos

Due to Generalized Arteriosclerosis and Chronic Myocarditis 10 yrs

Due to unhealed fracture right hip, thrombus left femoral artery 8 yrs
5 days

Other conditions unhealed fracture right hip, thrombus left femoral artery (Include pregnancy within 3 months of death)

Major findings of operations unhealed fracture right hip, thrombus left femoral artery

Autopsy results unhealed fracture right hip, thrombus left femoral artery

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide unhealed fracture right hip, thrombus left femoral artery

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury unhealed fracture right hip, thrombus left femoral artery Injured at work?

23. SIGNATURE Fred B. Plummer M. D. or other 2/5/48
 Address Preston Maryland Date signed

UNITED STATES DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

RECEIVED
FEB 7 1948
FEB 7 1948

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

161a

01487

Reg. Dist. No. 50

1. PLACE OF DEATH:

County Caroline
 City or town Henderson Rural
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 14 Hours
 Hospital, institution, or street address where death occurred:

How long in hospital or institution? X

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Caroline
 City or town Henderson Rural
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)

2.(a) If veteran, name war _____ X

3. (a) FULL NAME

Dorothy Denby

3. (b) Social Security Number

X

4. Sex F 5. Color or race Col. 6. (a) Single, married, widowed, or divorced Single
 6. (b) Name of husband or wife _____ X
 6. (c) If alive, give age _____ years
 7. Birth date of deceased (mo., day, yr.) Feb. 14, 1948
 8. AGE: Years _____ Months _____ Days _____ If less than one day 14 hrs. _____ min.

9. Birthplace Henderson, Caroline, Maryland.
(Town, county, and state)10. Usual occupation _____ X11. Industry or business _____ X

MOTHER FATHER
 12. Name John Denby
 13. Birthplace Dover, Delaware.
 14. Maiden name Rosie Keys
 15. Birthplace King George County, Virginia.
 16. Informant Rosie Stanford

Address Henderson, Maryland, Rural
 17. Burial Date thereof 2/16/48
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Union
 Location Near Greensboro, Maryland.

18. Funeral director Raymond B. Rawlings
 Address Greensboro, Maryland.

19. 2/16 19 48 2 George Smith
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 14 1948 at 1115P

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
Feb. 14 1948 to Feb. 14 1948
 and that I last saw him alive on Feb. 14 1948

Immediate cause of death Cholera
 DURATION

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Charles X Greenfuker

Address Greensboro Md Date signed 2-15-48
 M.D. or other

RECEIVED

FEB 20 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

131a

01488

CERTIFICATE OF DEATH

Reg. Dist. No. 64

1. PLACE OF DEATH:

County Croft
 City or town Federalburg - Rural
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 14 years
 Hospital, institution, or street address where death occurred:
River Road
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Croft
 City or town Federalburg - Rural
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. River Road
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

Samuel J. Jones

3. (b) Social Security Number

183-10-1397

4. Sex Male 5. Color or race Colored 6. (a) Single, married, widowed, or divorced Married
 6. (b) Name of husband or wife Ida V. Jones
 6. (c) If alive, give age 64 years

7. Birth date of deceased (mo., day, yr.) February 28, 1880
 8. AGE: Years 67 Months 11 Days 17 If less than one day _____ hrs. _____ min.

9. Birthplace Dorchester County, Maryland
 (Town, county, and state)

10. Usual occupation Day laborer

11. Industry or business Chicken Dressing Plant

FATHER 12. Name Spencer Jones

13. Birthplace Baltimore County, Maryland

MOTHER 14. Maiden name L. Jane Strawberry

15. Birthplace Dorchester County, Maryland

16. Informant Ida V. Jones

Address Federalburg, Maryland

17. Burial Date thereof February 18, 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Washington Colored Cemetery

Location Near Hurlock, Maryland

18. Funeral director J. J. Frampton and son

Address Federalburg, Maryland

19. February 16, 1948 J. J. Frampton
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 15, 1948 at 10:50 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 6/15/45 to Feb. 15, 1948 and that I last saw him alive on Feb. 13, 1948

Immediate cause of death Cardio-vascular
Renal disease with
hypertension

DURATION

1945

Due to

Due to

Other conditions Arteriosclerosis

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W. E. Frampton MD M. D. or other

Address Federalburg MD Date signed 2-16-48

RECEIVED

FEB 21 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 01488

1. PLACE OF DEATH:

County Caroline
City or town Goldshoro, Rural
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 50 Yrs.
Hospital, institution, or street address where death occurred:
How long in hospital or institution? X

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Caroline
City or town Goldshoro, Rural
(If outside city or town limits, write RURAL and give nearest town)
Street No. (If rural, give LOCATION)
2.(a) If veteran, name war X

3. (a) FULL NAME

Catherine Virginia Ross

3. (b) Social Security Number

X

4. Sex F. 5. Color or race Col. 6. (a) Single, married, widowed, or divorced Widowed

6. (b) Name of husband or wife Alexander 6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) Sept. 14 1865

8. AGE: Years 82 Months 5 Days 10 It less than one day _____ hrs. _____ min.

9. Birthplace Goldshoro, Caroline, Md.
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business X

12. Name William H. Carney

13. Birthplace Maryland

14. Maiden name Francis Mathews

15. Birthplace Maryland

16. Informant Mrs. Josie E. Dickerson

Address Goldshoro, Rural, Md.

17. Burial Date thereof 2/27/ 48
(Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Union

Location Near Greensboro, Md.

18. Funeral director Raymond B. Rawlings

Address Greensboro, Md.

19. 2/25 19 48 g Clark Smith
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 24 19 48 310A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 1 19 47 to Feb. 24 19 48
and that I last saw her alive on Feb. 23 19 48.

Immediate cause of death Chronic Myocarditis
General Atherosclerosis
Due to _____
Due to _____

Other conditions _____
(Include pregnancy within 8 months of death)

Major findings of operations _____
Date of op. _____

Autopsy results _____
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide _____ Date of _____
Where did injury occur? _____ (City or town) _____ (County) _____ (State)

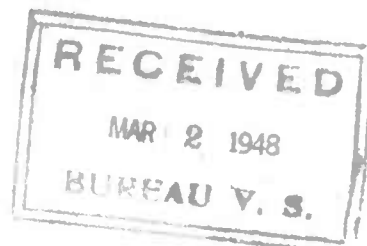
Injured at home, farm, industry, public place (where?) _____
Means of injury _____ Injured at work? _____

23. SIGNATURE Chas. H. Houshaker M. D. or other _____
Address Greensboro Md. Date signed 2/25/48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

01490

Reg. Dist. No. 64

1. PLACE OF DEATH:

County CarolineCity or town Denton - Rural
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? Life

Hospital, institution, or street address where death occurred:

Near Concord

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County CarolineCity or town Denton - Rural
(If outside city or town limits, write RURAL and give nearest town)Street No. Near Concord
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Priscilla Satterfield

3. (b) Social Security Number

None

4. Sex

Female

5. Color or race

Colored

6. (a) Single, married, widowed, or divorced

Widowed

6. (b) Name of husband or wife

Francis Satterfield

7. Birth date of deceased (mo., day, yr.)

February 14, 1861

8. (c) If alive, give age _____ years

8. AGE:

Years

Months

Days

If less than one day

87015

hrs.

min.

9. Birthplace

Caroline County, Maryland
(Town, county, and state)

10. Usual occupation

Housework

11. Industry or business

None

MOTHER

12. Name

William Baynard

13. Birthplace

Caroline County, Maryland

14. Maiden name

Susan F.

15. Birthplace

Caroline County, Maryland

16. Informant

Mrs. Lillie Dyer

Address

Denton, Maryland, R.F.D.

17.

BurialDate thereof March 3, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory

Saint Paul Cemetery

Location

Near Concord, Maryland

18. Funeral director

J. J. Frampton, and Son

Address

Federalsburg, Maryland

19.

March 2, 1948J. J. Frampton
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 29, 1948 at 12 Noon21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 11, 1948 to Feb 28, 1948 and that I last saw him alive on Feb 28, 1948

Immediate cause of death

Lobar pneumonia
Chronic nephritis

DURATION

18 days
2 years

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE

A. H. Small, M.D.
Denton, Md

M. D. other

Address Denton, Md Date signed Mar 2, 1948

RECEIVED

MAR 6 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

73d

01491

Reg. Dist. No. 61

1. PLACE OF DEATH:

County..... Caroline

City or town..... Greensboro, Rural
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?..... 2 1/2 Yrs.

Hospital, institution, or street address where death occurred:

How long in hospital or institution?..... X

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State..... Maryland County..... Caroline

City or town..... Greensboro Rural
(If outside city or town limits, write RURAL and give nearest town)

Street No.....
(If rural, give LOCATION)

2.(a) If veteran, name war..... X

3.(a) FULL NAME

Mary Sexton

3.(b) Social Security Number

X

4. Sex..... F

5. Color or race..... White

6.(a) Single, married, widowed, or divorced..... Single

6.(b) Name of husband or wife..... X

6.(c) If alive, give age..... years

7. Birth date of deceased (mo., day, yr.)..... Sept. 6, 1867

8. AGE: Years..... 80 Months..... 5 Days..... 11 If less than one day..... hrs. min.

9. Birthplace..... New York City New York
(Town, county, and state)

10. Usual occupation..... Housework

11. Industry or business..... X

FATHER

12. Name..... No Record

13. Birthplace..... No Record

MOTHER

14. Maiden name..... No Record

15. Birthplace..... No Record

16. Informant..... Caroline Co. Relief Records
Address..... Denton, Maryland.

17. Burial Date thereof..... 2/21/48
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory..... Holy Cross

Location..... Near Greensboro, Maryland.

18. Funeral director..... Raymond B. Rawlings
Address..... Greensboro, Maryland.

19. Feb 21 19 48 L. M. Pijun
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH..... February 17 19 48 at 820 P.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Dec. 1, 1947 to Feb 17, 1948
and that I last saw him alive on Feb. 16, 1948

Immediate cause of death..... Chronic Myocarditis

Due to..... Obstructive C.V. Disease.

Due to.....

Other conditions.....

(Include pregnancy within 8 months of death)

Major findings of operations.....

..... Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?.....

23. SIGNATURE..... Charles R. Hough M. D. or other

Address..... Greensboro, Md. Date signed..... Feb 18, 1948

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

FEB 25 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 64

01492

462

1. PLACE OF DEATH:

County..... Caroline
 City or town..... Federalburg
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?..... full life
 Hospital, institution, or street address where death occurred:
E. Central Ave.
 How long in hospital or institution?..... no

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State..... Md. County..... Caroline
 City or town..... Federalburg
 (If outside city or town limits, write RURAL and give nearest town)
 Street No..... E. Central Ave.
 (If rural, give LOCATION)
 2.(a) If veteran, name war..... NO

3. (a) FULL NAME

DAVID SMITH

3. (b) Social Security Number

NO

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

male

colored

widowed

6. (b) Name of husband or wife Carrie Smith
deceased7. Birth date of Sept. 30. 1874
 deceased (mo., day, yr.)8. AGE: Years Months Days It less than one day
73 4 25 hrs. min.9. Birthplace..... Federalburg
 (Town, county, and state)10. Usual occupation..... laborer11. Industry or business..... ?12. Name..... Silas Smith13. Birthplace..... Md.14. Maiden name..... Charlotte Bradley15. Birthplace..... Md.16. Informant..... Briedell PinketAddress..... Federalburg, Md.17. Burial Date thereof..... 2/27/48
 (Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory..... Federal Hill Cem.Location..... Federalburg, Md.18. Funeral director..... Harry WilliamsAddress..... Federalburg, Md.19. February 27 19 48
 (Date rec'd by registrar) RegistrarEverett Nuttle
 Deputy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH..... 2/25/48 19..... at 5:00 P.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
March 5 19..... Feb. 25 19.....
 and that I last saw him alive on..... 19.....Immediate cause of death.....
Peripneumonia of the
Colon

DURATION

2-3 hrs.

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 8 months of death)

Major findings of operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?.....
 (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?

23. SIGNATURE..... Howard T. Webb, M.D.
 M. D. or otherAddress..... Easton, Md. Date signed..... 2/26/48

RECEIVED

MAR 6 1943

BUREAU Y. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

01493

Reg. Dist. No. *60*

1. PLACE OF DEATH:

County *Caroline*City or town *Marydel*
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? *81 Yrs.*

Hospital, institution, or street address where death occurred:

How long in hospital or institution? *X*

3. (a) FULL NAME

Mollie E. Smith

4. Sex

F

5. Color or race

White

6. (a) Single, married, widowed, or divorced

*Widowed*6. (b) Name of husband or wife *Frank S. Smith*

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) *December 25, 1866*

8. AGE: Years Months Days If less than one day

*81**1**25*

..... hrs. min.

9. Birthplace *Marydel Caroline Maryland*
(Town, county, and state)10. Usual occupation *Housewife*11. Industry or business *X*12. Name *William Bickling*13. Birthplace *Maryland*14. Maiden name *Elizabeth Whitby*15. Birthplace *Maryland*16. Informant *Edward Smith*Address *809 Green St. Marcus Hook, Pa.*17. *Burial* Date thereof *2/22/48*
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory *Templeville*Location *Templeville, Maryland.*18. Funeral director *Raymond B. Rawlings*Address *Greensboro, Maryland.*19. *2/21* *48* *9* *Clark Smith*
(Date rec'd by registrar) Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State *Maryland* County *Caroline*City or town *Marydel*
(If outside city or town limits, write RURAL and give nearest town)Street No.
(If rural, give LOCATION) *X*

2. (a) If veteran, name war.

3. (b) Social Security Number

X

MEDICAL CERTIFICATION

20. DATE OF DEATH *Feb. 19* 19 *48* *845* A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Dec. 14 to *2/20*
and that I last saw him alive on *2/19*

Immediate cause of death

Carcinoma of stomach
DURATION *10 days*
6 mo.

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

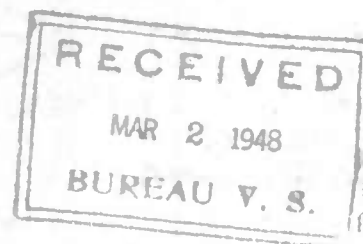
Means of injury

Injured at work?

23. SIGNATURE

M. D. or other

Address *Goldboro Md* Date signed *2/20/48*



Evidence for change of
age shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

01494

FILM No. G 114 MAR 11 1948 CERTIFICATE OF DEATH

Reg. Dist. No. 60

1. PLACE OF DEATH:

County Caroline
City or town Shedders Md.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 1 yr.
Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Delaware County Newt
City or town Marydel. Ruwe
(If outside city or town limits, write RURAL and give nearest town)
Street No. (If rural, give LOCATION)
2(a) If veteran, name war World War #1 # ✓

3. (a) FULL NAME

William Thomas

3. (b) Social Security Number

4. Sex M. 5. Color or race W. 6. (a) Single, married, widowed, or divorced married.

6. (b) Name of husband or wife Michael Thomas
6. (c) If alive, give age 44 years

7. Birth date of deceased (mo., day, yr.) May 14, 1895-

8. AGE: Years 52 Months 9 Days 11 If less than one day
hrs. min.

9. Birthplace Newt Co. Del.
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

12. Name William Thomas

13. Birthplace Del.

14. Maiden name Elizabeth C. W. George

15. Birthplace Del.

16. Informant Mrs. Michael Thomas

Address Marydel. Md.

17. Burial Date thereof March 1, 1948
(Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory MT Olive

Location Near Shedders Md.

18. Funeral director Raymond B. Rawlins

Address Shedders Md.

19. 2/27 19 48 A Clark Smith
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 27 19 48 at 9A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
19... to 19...
and that I last saw him... alive on 19...

Immediate cause of death

Acute Myocarditis

Due to

Arterio Sclerosis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE August J. George M. D. or other

Address Delaware Md. Date signed 2/27/48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAR 2 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 64

01495

1. PLACE OF DEATH:

County Caroline
 City or town Federalburg - Rural
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Life
 Hospital, institution, or street address where death occurred:
Near American Corner
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Caroline
 City or town Federalburg - Rural
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Near American Corner
 (If rural, give LOCATION)
 2. (a) If veteran, name war

3. (a) FULL NAME

Samuel L. Trice

3. (b) Social Security Number

None

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Widowed
 6. (b) Name of husband or wife Albertine Trice
 6. (c) If alive, give age — years
 7. Birth date of deceased (mo., day, yr.) March 20, 1856
 8. AGE: Years 91 Months 10 Days 21 If less than one day — hrs. — min.

9. Birthplace Caroline County, Maryland
 (Town, county, and state)
 10. Usual occupation Retired Farmer
 11. Industry or business Farm
 12. Name William F. Trice
 13. Birthplace Caroline County, Maryland
 14. Maiden name Cecelia Towers
 15. Birthplace Caroline County, Maryland

16. Informant Mrs. Thomas Diffin
 Address Federalburg, Maryland, RFD.
 17. Burial (Burial, cremation, or removal, Which?) Date thereof February 14, 1948
 (month) (day) (year)
 Cemetery or crematory Hill Crest Cemetery
 Location Federalburg, Maryland
 18. Funeral director J. J. Frampton and Son
 Address Federalburg, Maryland
 19. Feb. 12 19 48 J. J. Frampton
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 11 19 48 at 5:15 P. M.
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 to 19 and that I last saw him alive on 19

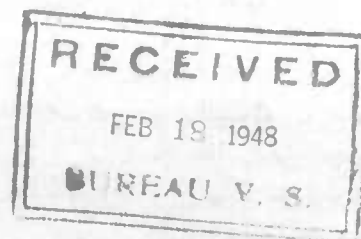
Immediate cause of death Myocardial Infarction
 Due to —
 Due to —
 Other conditions —
 (Include pregnancy within 3 months of death)

Major findings of operations — Date of op. —

Autopsy results —
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide — Date of —
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?

23. SIGNATURE Samuel L. Trice M. D. or other
 Address — Date signed 2/12/48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

01496

Reg. Dist. No. 62

1. PLACE OF DEATH:

County... Caroline
 City or town... Near Denton
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 40 years
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution? _____

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Caroline
 City or town... Denton, Md.
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

Sarah Katherine Tilloughby

3. (b) Social Security Number

4. Sex F 5. Color or race W 6.(a) Single, married, widowed, or divorced Widow

6.(b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) Sept. 20th 1862 6.(c) If alive, give age _____ years

8. AGE: Years 85 Months 5 Days 10 If less than one day _____ hrs. _____ min.

9. Birthplace... Caroline County, Md.
 (Town, county, and state)

10. Usual occupation... at home

11. Industry or business

12. Name John Gardian
 13. Birthplace Maryland
 14. Maiden name Rebecca Ann Baker
 15. Birthplace Maryland

16. Informant Mrs. Edward Boone
 Address Denton, Md.

17. Burial Date thereof 7-26-48
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory... Denton Cemetery
 Location Denton, Md.

18. Funeral director J. Virgil Maddox & Son
 Address Denton, Md.

19. 7/20 1948 M. D. George
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 18, 1948, at 3 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from _____ 19____, to _____ 19____
 and that I last saw him _____ alive on _____ 19____

Immediate cause of death _____ DURATION ?
Myocarditis
 Due to Arteriosclerosis ?
 Due to _____
 Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide _____ Date of _____
 Where did injury occur? _____ (City or town) _____ (County) _____ (State) _____
 Injured at home, farm, industry, public place (where?) _____
 Means of injury _____ Injured at work? _____

23. SIGNATURE Surgeon D. George M. D. or other Dr. D. George
Dr. D. George Address Denton Date signed 7/26/48

RECEIVED

FEB 23 1948

BUREAU V. S.

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians; please write the causes of death clearly and legibly.

Evidence for the change of
age is shown on

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

FILE No. G 114 FEB 19 1948

CERTIFICATE OF DEATH

Reg. Dist. No. 66

01497

1. PLACE OF DEATH:

County.....*Caroline*
City or town.....*Ridgely*
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?.....*26 years*
Hospital, institution, or street address where death occurred:
.....
How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State.....*Maryland* County.....*Caroline*
City or town.....*Ridgely*
(If outside city or town limits, write RURAL and give nearest town)
Street No.....
(If rural, give LOCATION)
2(a) If veteran, name war.....

3. (a) FULL NAME

Leroy Malory Winstead

3. (b) Social Security Number

None

4. Sex.....*Male* 5. Color or race.....*W* 6. (a) Single, married, widowed, or divorced.....*Married*
6. (b) Name of husband or wife.....*Homazelle F. Winstead*
.....6. (c) If alive, give age.....*68* years

7. Birth date of deceased (mo., day, yr.).....*6-21-72*
8. AGE: Years.....*75* Months.....*7* Days.....*21* If less than one day.....hrs.min.

9. Birthplace.....*Heathsville, Northumberland Co. Virginia*
(Town, county, and state)

10. Usual occupation.....*Farmer - Retired*

11. Industry or business

12. Name.....*Lewis Winstead*

13. Birthplace.....*Heathsville, Va.*

14. Maiden name.....*Alice Atwell*

15. Birthplace.....*Heathsville, Va.*

16. Informant.....

Address.....

17. *Burial* Date thereof.....*February 15, 1948*
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory.....*Ridgely Reformed*

Location.....*Ridgely, Maryland*

18. Funeral director.....*Edgar Lane*

Address.....*Church Hill Md.*

February 13 19*48* *Mary E. Laird*
(Data rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH.....*February 12, 1948* at.....*7:45 A.M.*

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
.....*2-12-1948* to.....*2-12-1948*

and that I last saw him.....alive on.....*1948*

Immediate cause of death.....*Cerebral embolism*

.....

Due to.....*Hypertensive heart disease*

.....*5 yrs*

Due to.....*General arteriosclerosis*

.....*20 yrs*

Other conditions.....*Bed fast*

.....*6 yrs.*

(Include pregnancy within 3 months of death)

Major findings of operations.....

.....Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?.....
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?.....

23. SIGNATURE.....*George White*

Address.....*Ridgely* M. D. or other.....*2-12-48*
Date signed.....

RECEIVED

FEB 16 1948

EX-100-0-2

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

01498

62

1. PLACE OF DEATH:

County CarolineCity or town Denton
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 20 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

4. Sex

F

5. Color or race

W

6. (a) Single, married, widowed, or divorced

married

6. (b) Name of husband or wife William J. Staters7. Birth date of deceased (mo., day, yr.) Sept 15 1878

8. AGE: Years Months Days If less than one day

69 3 10 hrs. min.9. Birthplace Burrsville, Maryland
(Town, county, and state)10. Usual occupation at home

11. Industry or business

12. Name Frank Porter13. Birthplace Maryland14. Maiden name Laura Parker15. Birthplace Maryland16. Informant William J. Staters (husband)Address Denton, Maryland17. Buried Date thereof 2-27-48
(Burial, cremation, or removal, Which?) (month) (day) (year)Cemetery or crematory Denton CemeteryLocation Denton, Md.18. Funeral director J. Virgil Moore & Co.Address Denton, Md.19. 2/26 48 W. B. George
(Date rec'd by registrar) Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County CarolineCity or town Denton
(If outside city or town limits, write RURAL and give nearest town)

Street No. _____

(If rural, give LOCATION)

2. (a) If veteran, name war _____

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH February 25 1948 at 11:50 P.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 5 1948 to Feb 25 1948
and that I last saw her alive on Feb 25 1948Immediate cause of death Crown of I thrombosis

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Clark & HoushieldAddress Greensboro, Md. Date signed 2/26/48

RECEIVED

MAR 4 1948

BUREAU V. S.